



PTO/SB/22 (12-04)

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>3430-0164P |                         |
| Application Number 09/750,162-Conf. #006546   |   | Filed December 29, 2000                |                         |
| For LIQUID CRYSTAL DISPLAY DEVICE HAVING QUAD TYPE COLOR FILTERS  |   |  |                         |
| Art Unit 2674   |   | Examiner J. E. Lesperance              |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |  |                         |
|   |   | <u>Fee</u>                             | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120                                  | \$60                    |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450                                  | \$225                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020                                 | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590                                 | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160                                 | \$1080                  |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.   |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet. |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |  |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |   |  |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 40,953  |   |  |                         |
| Signature <i>Esther H. Chong</i> #41,458  |   | 11/30/2005 NOV 29 2005 09750162        |                         |
| Typed or printed name Esther H. Chong   |   | Date 02 FC:1251 128.00 0P              |                         |
|   |   | (703) 205-8000 Telephone Number        |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |  |                         |
| <input type="checkbox"/>  | Total of 1 forms are submitted.   |  |                         |
|   |   | 11/30/2005 JAD001 00000084 09450162    |                         |
|   |   | 02 FC:1251 128.00 0P                   |                         |